

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 2  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766																									
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td>M</td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td>D</td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>		M	M	M				D	D	D				Y	Y	Y	Y	Y	Y						
M	M	M																									
D	D	D																									
Y	Y	Y	Y	Y	Y																						

Full Name of Payee <b>Headway Workforce Solutions Inc.</b>		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td>M</td></tr> <tr><td>10</td><td>01</td><td>2020</td></tr> </table>		M	M	M	10	01	2020
M	M	M							
10	01	2020							
Mailing Address 3100 Smoketree Ct. Suite 900		Amount <table border="1" style="display:inline-table; width:100%"> <tr><td>10000.00</td></tr> </table>		10000.00					
10000.00									
City Raleigh	State NC	Zip Code 27604	Transaction ID : SE.21804						
Purpose of Expenditure Canvassing / Travel		Category/Type	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td>M</td></tr> <tr><td>10</td><td>02</td><td>2020</td></tr> </table>	M	M	M	10	02	2020
M	M	M							
10	02	2020							
Name of Federal Candidate MCSALLY, MARTHA, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AZ						
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table; width:100%"> <tr><td>142529.33</td></tr> </table>	142529.33	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____					
142529.33									

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City Raleigh	State NC	Zip Code 27604	Transaction ID : SE.21805						
Purpose of Expenditure Canvassing / Travel		Category/Type	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td>M</td></tr> <tr><td>10</td><td>02</td><td>2020</td></tr> </table>	M	M	M	10	02	2020
M	M	M							
10	02	2020							
Name of Federal Candidate KELLY, MARK, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AZ						
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table; width:100%"> <tr><td>152529.33</td></tr> </table>	152529.33	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____					
152529.33									

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1" style="display:inline-table; width:100%"> <tr><td>20000.00</td></tr> </table>	20000.00
20000.00		
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	<table border="1" style="display:inline-table; width:100%"> <tr><td> </td></tr> </table>	
(c) TOTAL Independent Expenditures.....▶	<table border="1" style="display:inline-table; width:100%"> <tr><td> </td></tr> </table>	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

M	M	M
10	03	2020

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE	2	OF	2
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Nebo Media</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 02 / 2020</b>	
Mailing Address <b>PO Box 9625</b>		Amount <b>33250.00</b>	
City <b>Arlington</b>	State <b>VA</b>	Zip Code <b>22219</b>	Transaction ID : <b>SE.21807</b>
Purpose of Expenditure Digital Media Production / Placement		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 02 / 2020</b>
Name of Federal Candidate <b>MCSALLY, MARTHA, , ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AZ</b>
Calendar Year-To-Date Per Election for Office Sought		<b>185779.33</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Nebo Media</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 02 / 2020</b>	
Mailing Address <b>PO Box 9625</b>		Amount <b>33250.00</b>	
City <b>Arlington</b>	State <b>VA</b>	Zip Code <b>22219</b>	Transaction ID : <b>SE.21808</b>
Purpose of Expenditure Digital Media Production / Placement		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 02 / 2020</b>
Name of Federal Candidate <b>KELLY, MARK, , ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AZ</b>
Calendar Year-To-Date Per Election for Office Sought		<b>219029.33</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>66500.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	<b>86500.00</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 03 / 2020**

Signature